Item ID: DSI 9052-013

Revision ID:

Item Name: Pod Quick Release

Accept

Setup **Start**

Stop

Start Date: 3/10/2010   **Start Qty:** 4.00

Required Date: 3/10/2010   **Req'd Qty:** 4.00

Reference:

Cust Item ID:

Customer:

Approvals: **Process Plan:** _____ Date: 10-3-10 Tooling: _____ Date: _____

Run **Start**

Stop

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr / **Revision Nbr**									
DSI 9052 / Rev D									
100		0.00							
DC	DOCUMENT CONTROL								
Document Control	Memo	0.00							
	Photocopy bluefile & type labels per PPP 9052-013 CHG001								
110	Pick Kit	0.00							
Packaging	Memo	0.00							
Packaging									
120	QC4- 100% Inspect kits for completeness	0.00							
QC	Memo	0.00							
Quality Control									

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No   DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)							
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Item ID:	DSI 9052-013		Accept		Setup	Start
Revision ID:						
Item Name:	Pod Quick Release					Stop

Start Date:	3/10/2010	Start Qty:	4.00		Cust Item ID:
Required Date:	3/10/2010	Req'd Qty:	4.00		Customer:
Reference:					

Approvals: Process Plan: _____ _____ Date: _____ ____ Tooling: _____ _____ Date: _____

QC: ____ _____ _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start

Stop

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Draw Number	Draw Rev.	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130		0.00							
Packaging	Packaging					10-3-10		(3 ✓)	SP
Packaging	Memo	0.00							
	Identify and pack for shipping as per PPP D9052-013 Location: 20 Rev A								
140	QC21- Final Inspection - Work Order Release	0.00							1003·11
QC	Memo	0.00							
Quality Control									MF 10-3-10

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W/O:		WORK ORDER CHANGES						
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries

Work Order ID: 56823

Parent Item: DSI 9052-013

Parent Item Name: Pod Quick Release

Start Date: 3/10/2010   **Required Date:** 3/10/2010

Comments: IPP Rev:A□02.05.15□New Issue□NG

Start Qty: 4.00   **Required Qty:** 4.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
BLRS-010		Purchased	No			120	Each	45.0000	4.0000			
Pip Pin												

Warehouse Location	Loc Qty	Loc Code
Main Warehouse		
ST283	45	
112689	25	
113779	20	

(handwritten: 10-3-10 SP)
(handwritten: 3)

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Remaining Qty To Pick	Qty Issued	Date Issued	Status
BLRS-020		Purchased	No			120	Each	11.0000	12.0000			
Pip Pin												

Warehouse Location	Loc Qty	Loc Code
Main Warehouse		
ST284	11	
111653	1	
113565	10	

(handwritten: 10-3-10 SP 34)

W/O:		**WORK ORDER CHANGES**						
DATE	**STEP**	**PROCEDURE CHANGE**	**By**	**Date**	**Qty**	**Approval** Chief Eng / Prod Mgr	**Approval** QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		**WORK ORDER NON-CONFORMANCE (NCR)**						
DATE	**STEP**	**Description of NC** Section A	**Corrective Action** Section B			**Verification** Section C	**Approval** Chief Eng	**Approval** QC Inspector
			Initial Chief Eng	**Action Description** Chief Eng	**Sign & Date**			

NOTE: Date & initial all entries